

Case Number:	CM15-0172848		
Date Assigned:	09/15/2015	Date of Injury:	02/17/2006
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old male, who sustained an industrial injury on 2-17-06. Medical record indicated the injured worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy and low back pain. Treatment to date has included lumbar discectomy, oral medications including OxyContin 10mg, Oxycontin 40mg, Percocet 10-325mg, Trazodone 50mg, Topamax 25mg, Buspar 10mg and Gemfibrozil 600mg. (MRI) magnetic resonance imaging of lumbar spine performed on 7-20-15 revealed progression of type 1 endplate change at L3-4 level, further disc space narrowing and disc fissure formation at L4-5 level, type II endplate changes at L5-S1 and further progression of right L5-S1 foraminal narrowing when compared to previous study performed on 9-20-12. Currently on 8-19-15, the injured worker complains of lower backache rate 3 out of 10 with medications and 10 out of 10 without medications. He notes his activity level has decreased and the medications are working well. Physical exam performed on 8-19-15 revealed surgical scar of lumbar spine, lumbar brace in place, antalgic gait, restricted lumbar range of motion and tenderness to palpation of paravertebral muscles and tight muscle band on both sides. The treatment plan included continuation of oral medications and referral to orthopedic surgeon. On 8-26-15, utilization review non-certified a request for orthopedic surgeon consult noting there is no comment indicating the injured worker was considered for another lumbar spine surgery and results from most recent orthopedic surgeon consultation were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orthopedic surgeon consult for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or spine surgeon specialist. Therefore, the cited guidelines criteria have not been met and the request is not medically necessary.